

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 - 3 5

2. STATE:

New York

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

July 1, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR Part 447.200

7. FEDERAL BUDGET IMPACT:

a. FFY 1999-2000 \$ 600.000

b. FFY 2000-2001 \$ 2.4m

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 4.19-B Pages 3h11, 3h12

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-B Pages 3h11, 3h12

10. SUBJECT OF AMENDMENT:

Day Treatment Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT

☒ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Antonia C. Novello, M.D., M.P.H., Dr. P.H.

14. TITLE:

Commissioner

15. DATE SUBMITTED:

September 26, 2000

16. RETURN TO:

New York State Department of Health
Corning Tower
Empire State Plaza
Albany, New York 12237

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- (11)(i) Effective January 1, 1999 for non-state operated facilities, a cost of living add-on may be included in the final adjusted fee. This add-on will be an increase to the fee due to a 2.5 percent increase in salaries and salary related fringe benefits. Inclusion of the add-on is subject to a resolution of the facility's governing body that funding received will be used solely to effect a 2.5 percent increase beginning with the lowest paid employees. To be deemed reimbursable, both the resolution and an implementation plan must be submitted by the facility and approved by the commissioner.
- (ii) Effective January 1, 1999, for state operated facilities, a cost of living add-on will be included in the final adjusted fee. This add-on will be the full annual amount of 2.5 percent of the salaries and salary related fringe benefits included in the final fee.
- (iii) Facilities certified as day treatment facilities on or after May 20, 1999 shall be deemed to have met the requirements for an approved cost of living add-on described in paragraphs (i) and (ii) of this paragraph, and a corresponding factor shall be included in the final adjusted fee.
- (iv) Effective July 1, 2000 non-state operated facilities may be eligible for a salary enhancement add-on to be included in their final net fee. This add-on will recognize the costs of a \$750 annual salary increase per full time equivalent, plus salary related fringe benefits, for direct care and support workers. Inclusion of the add-on is subject to a resolution of the facility's governing body that funding received will be used solely to effect this increase. To be deemed reimbursable, both the resolution and an implementation plan must be submitted by the facility and approved by the commissioner.

-3h11-

TN 00-25 Approval Date JUN 06 2000
Supervisors TN 99-20 Effective Date JUL 01 2000

- (v) Effective July 1, 2000, for state operated facilities, a salary enhancement add-on will be included in the final adjusted fee. This add-on will be the full annual amount of \$750 per full time equivalent, plus salary related fringe benefits, for the direct care and support full time equivalents included in the final fee.
- (vi) Facilities initially certified as day treatment facilities on or after April 1, 2001 shall be deemed to have met the requirements for an approved salary enhancement add-on described in subparagraphs (iv) and (v) of this paragraph, and a corresponding factor shall be included in the final adjusted fee.

-3h12-

TN **00-35** Approval Date **JUN 06 2001**
Supersedes TN **New** Effective Date **JUL 01 2000**